

Fee  
only

PTO/SB/17 (10-03)  
Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	122.00	<b>Complete If Known</b>
			Application Number
			Filing Date
			First Named Inventor
			Examiner Name
			Art Unit
			Attorney Docket No.

<h3 style="text-align: center;">METHOD OF PAYMENT (check all that apply)</h3> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 50-2388</p> <p>Deposit Account Name: Horizon IP Pte Ltd</p> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <h3 style="text-align: center;">FEE CALCULATION</h3> <h4>1. BASIC FILING FEE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <p>Total Claims: 30 Independent Claims: 4 Multiple Dependent Claims: 26</p> <p>Extra Claims: 26 Fee from below: 2 x 18 = 36 Fee Paid: 36</p> <p>Multiple Dependent Claims: 4 Fee from below: 1 x 85 = 85 Fee Paid: 85</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 88</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claims, if not paid</td> <td></td> </tr> <tr> <td>1204 88</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b></td> </tr> </tbody> </table> <p>*or number previously paid, if greater. 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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Dexter Chua	Registration No. (Attorney/Agent)	38,842
Signature		Telephone	+6598369808
		Date	June 24, 2004

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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07/03/2004 DEROUN 00303322 502338 10065220

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/065220

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20 Minus	** 24	=
Independent	* 1 Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

7/8/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 30 Minus	** 28	= 2
Independent	* 43 Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$385
X\$9=	
X\$13=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	\$370
X\$18=	
X\$6=	
+145=	
TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	36.66
X\$6=	86.00
+145=	
TOTAL ADDIT. FEE	122.66

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+145=	
TOTAL ADDIT. FEE	